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PARTIAL PARALYSIS

FROM

REFLEX IRRITATION,

CAUSED BY

CONGENITAL PHIMOSIS AND ADHERENT PREPUCE.

BY

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PARTIAL PARALYSIS FROM REFLEX IRRITATION, CAUSED BY CONGENITAL PHIMOSIS AND ADHERENT PREPUCE.

On the 9th of February, 1870, I received the following note:—

"Dear Sayre: Please let me know at what hour you can come to my house to see the son of Mr. M——, of Milwaukee. The little fellow has a pair of legs that you would walk miles to see.

"Yours, truly,

"J. MARION SIMS.

"No. 13 E. 28th Street."

I immediately went to the doctor's office, and found a most beautiful little boy of five years of age, but exceedingly white and delicate in his appearance, unable to walk without assistance or stand erect, his knees being flexed at about an angle of 45°, and the Dr. had sent for me to perform tenotomy upon his hamstring tendons.

After a very careful examination I discovered that when I amused the child and distracted his attention from himself, I could with very little force easily extend both of his limbs to their normal length, but as soon as I released my hold of them they would instantly become flexed again, and no irritation that I could produce upon the quadriceps muscles was sufficient to extend the legs except in the very slightest degree.

I soon satisfied myself, as well as Dr. Sims, that the deformity was due to *paralysis* and not *contraction*, and it was therefore *necessary to restore vitality to the partially paralyzed extensor muscles, rather than to cut the apparently contracted flexors.*

I therefore had him sent to my office for the purpose of applying the constant current of the galvanic battery. In its application, while passing the sponge over the upper part of the little fellow's thighs, the nurse cried out, "Oh, doctor! be very careful—

don't touch his pee-pee—it's very sore;" and upon examining his penis I found it in a state of extreme erection.

The body of the penis was well developed, but the glans was very small and pointed, tightly imprisoned in the contracted foreskin, and in its efforts to escape, the meatus urinarius had become as puffed out and red as in a case of severe granular urethritis; upon touching the orifice of the urethra he was slightly convulsed, and had a regular orgasm. This was repeated a number of times, and always with the same result.

The nurse stated that this was his condition most of the time, and that he frequently awoke in the night crying because "his pee-pee hurt him," and the same thing had often occurred when riding in the stage or car; the friction of his clothes exciting his penis would cause erections.

As excessive venery is a fruitful source of physical prostration and nervous exhaustion, sometimes producing paralysis, I was disposed to look upon this case in the same light, and recommended circumcision as a means of relieving the irritated and imprisoned penis.

This was performed on the following day, assisted by Dr. Yale, who administered the chloroform, and Dr. Philips, and in the presence of a number of my private students. The prepuce was pulled well forward and cut off with a pair of scissors, when the *tegumentary* portion readily glided back over the glans, leaving the mucous portion quite firmly adherent to the glans nearly to the orifice of the urethra. Seizing the thickened mucous membrane on either side of the glans with the thumbs and finger nails of each hand, it was suddenly torn off from the glans penis, to which it was quite firmly adherent nearly to the corona. Behind the corona there was impacted a hardened mass of sebaceous material, almost completely surrounding the glans. This was removed; the mucous membrane which had been torn off from the glans was split in its centre nearly down to its reflection, and, being turned backward, was attached to the outer portion of the prepuce by a number of stitches with an ordinary cambric needle and very fine thread. The penis was then covered with a well-oiled linen rag, and kept wet with cold water.

No untoward symptoms occurred, and in less than two weeks the wound had entirely healed, and the penis was immensely increased in size. The prepuce was sufficiently long to cover the

glans, and could be readily glided over it without any irritation whatever.

From the very day of the operation, the child began to improve in his general health; slept quietly at night, improved in his appetite, and, although confined to the house all the time, yet at the end of three weeks he had recovered quite a rosy color in his cheeks, and was able to extend his limbs perfectly straight while lying upon his back.

From this time on he improved most rapidly, and in less than a fortnight was able to walk alone with his limbs quite straight.

He left for his home in the west about the first of April, entirely recovered; having used no remedy, either iron, electricity, or other means to restore his want of power, but simply quieting his nervous system by relieving his imprisoned glans penis as above described.

Case II.—Mr. T. N——, one of the first lawyers in our city, called on me at the very time the little fellow above described was making his farewell visit, to speak to me in reference to his son, a lad of fourteen years, that I had attended some months before for paralysis of his legs.

He stated that he was not improving, and that he looked so badly in the morning that he feared he was guilty of masturbation, and was very anxious that I should talk to him seriously upon the subject, and point out to him its dangers. As the little fellow then running around the office had just recovered from a paralysis that was evidently due to genital irritation, it occurred to me that the paralysis in the son of Mr. N., for which I formerly had been consulted, might possibly be due to the same cause.

He was sent to me on the following day, and after questioning him very closely, I found him unusually intelligent on the subject, strictly truthful and honest in all his statements, and perfectly free from the vice of masturbation.

Upon examining his penis, I found it unusually large at the root and body, but very short, and the prepuce terminating in an opening scarcely large enough to admit a small probe. He stated that it always took him a long time to make his water, and he could never do it without great straining.

His penis would become erected several times in the night and always with great pain, and this difficulty was increasing as he grew older.

Dr. Yale put him under chloroform and I circumcised him, and dressed the parts precisely as in the former case, and with equally good result.

I operated upon him on the 23d of March, 1870, and on the 27th of April he walked from Lafayette Place to my office, a distance of more than a mile, without fatigue, and shows no sign of paralysis whatever. He sleeps quietly at night; is not disturbed by nocturnal emissions; urinates without difficulty, and his general health has so improved that his most intimate friends scarcely recognize him.

I attended this boy a year ago, for paralysis of his lower extremities for about four months, applied galvanism and electricity twice and three times a week, injected strychnia into the paralyzed muscles every tenth day, put him on iron and other tonics, and applied India-rubber muscles as assistants to the paralyzed ones during all that time, in order that he might take exercise, and all without any benefit, because I had not ascertained the cause of his paralysis. And now at the end of six weeks, the cause having been removed, he is entirely recovered without any special treatment whatever.[1]

CASE III.—F. G——, West Eleventh Street, aged 15, a tall, slender, pale-faced, ghostly-looking boy, was sent to me for "nervousness and fainting fits."

He had been under homœopathic treatment for some months for neuralgia and weakness of the legs, which caused him to trip easily and fall; in fact he described himself as having "falling fits," "because his legs would not hold him up."

He had all the appearance of a masturbator, but denied having been one, but stated that he was troubled every night with *painful* erections and frequent emissions.

Said it always took him a long time to make water, and sometimes it would stop entirely, and the end of his penis "would swell up like an orange," and when he squeezed it, "a little white chunk would come out of the hole, and then the bag of water on the end" of his penis "would all run out." This swelling up on the end, with what he called "a bag of water," had happened quite frequently.

[1] June 15th, 1870. This boy has gained nine pounds in weight since the 23d of March, is robust and ruddy cheeked, and has no symptom of paralysis whatever.

He had a very redundant prepuce, which could be pulled at least an inch from the extremity of the glans penis, was not adherent to it, and terminated in a rigid, inelastic ring like orifice, scarcely large enough to admit an ordinary knitting needle.

The slightest irritation of the extremity of his penis produced the most painful erections, and this he stated was his condition most of the time.

Assisted by Dr. Henry, and in the presence of several students, I circumcised him and dressed the wound in a very similar manner to the cases above described.

The effect of the operation in this case was equally as remarkable as in the other two.

It is now six weeks since the operation, and he has not had a single fit in that time, although he used to have one or two almost every day. He sleeps quietly all night, has had only two nocturnal emissions, has increased in flesh and strength, has become buoyant in spirits, and in fact is, as his father says, "a perfectly changed boy."

On the 7th of April, 1870, three cases of hip-disease came to my office within a few minutes of each other, one from Dover, N. J., one was sent by Dr. Walser, of Staten Island, and one by Dr. W. McSweeny, of Grand Street, N. Y. The two latter were little boys about 7 and 9 years of age, rather delicate in appearance, and each of them in the second stage of hip-disease. After questioning in the most careful manner, I could find no *local* cause for the complaint. They had received no injury, fall, blow, or wrench of the joint that I could get any information about, and I was somewhat annoyed, as in the immense majority of these cases I have always been able to trace the disease to some *local* origin, rather than to a constitutional dyscrasia.

While my assistant Dr. Yale was making drawings of them, and taking notes of their cases, I examined the third case, the little boy from Dover, who was 13 years old, and to my surprise I found, like the other two cases, that I could not trace his disease to any distinctly recognized injury that he had ever received. He never had any severe fall, wrench, blow, bruise, or other injury of the joint which the father could call to mind.

When examining his hip my thumb came in contact with his penis, which became erect almost immediately, and presented an exceedingly curious appearance. The penis was quite large, but very

short, and had a long *worm*-like projecting prepuce, with an exceedingly small orifice, which admitted a small probe for nearly half an inch before the glans was reached. Anxious to know whether this condition of the genitals was connected with any loss of muscular power in the lower extremities, similar to the case of Dr. Sims, I asked the father whether he was active and spry on his feet previous to his getting lame, and he replied that "he was the clumsiest boy he ever saw, in fact, he was tumbling down all the time." That he had always to hold his hand when he walked in the streets, or he would be almost sure to stumble on the curb-stone at every corner.

His father said he had scolded him about his falling a hundred times, as he thought "his clumsiness was owing altogether to his carelessness."

The question now came in my mind, could these numerous slight falls have been the cause of the local disease in the hip-joint?

A fall from a house, a tree, or a haystack, or any similar accident, of course is easily remembered, and frequently the disease can be traced back to some such well-remembered injury. But the injury that may be produced by simply tripping down, at first so slight as scarcely to attract attention, may by constant aggravation become so serious as to result in permanent destruction of the joint, and yet, at the starting-point, have been so slight as scarcely to have made an impression on the patient's mind.

Here was a case of precisely this description, and I firmly believe the disease in the hip-joint due to some injury received in these various falls, arising from muscular debility, or partial paralysis, caused by irritation of the genital organs.

I immediately examined the other two cases, in which I had not been able to trace the disease to any injury, and to my surprise found them almost counterparts of the one just described, both in their history, and in the appearance of their genital organs, except that the prepuce, instead of having a worm-like elongation, was unusually short, and attached to the glans nearly to the orifice of the urethra, which was reddened, and its mucous membrane swelled like a granular urethritis.

The least irritation of the meatus would produce an almost instantaneous erection.

In these two latter cases the prepuce was easily *torn* back with the thumb and finger nails, and the concreted smegma, which was impacted behind the corona, carefully removed. This slight opera-

tion, together with cleanliness and frequent moving of the parts to prevent adhesions, answered all the purposes of circumcision, and at once quieted their nervous irritability.

In many cases this latter operation of *tearing* the prepuce from the glans, aided by a slight nick in the frenum, and, if necessary, another in the prepuce on the dorsum of the penis, will answer all the purposes of circumcision, without its mutilation, leaving the prepuce to cover the glans, which as a matter of taste and ornament is sometimes desirable; circumcision only being necessary when there is a great redundancy of prepuce.

I am quite satisfied from recent experience that many of the cases of irritable children, with restless sleep, and bad digestion, which is often attributed to worms, is solely due to the irritation of the nervous system caused by an adherent or constricted prepuce. Hernia and inflammation of the bladder can also be produced by the severe straining necessary to pass the water in some of these cases of contracted prepuce.

As but little is said in our standard works upon this deformity, and I am satisfied the attention of the profession has never been sufficiently directed to it, I have thought it advisable to lay before the Association the above narrated facts, in order to attract attention to the subject.